



20060502-1003 02 MAY 2006 PCT \$

PATENT APPLICATION

OLIFF & BERRIDGE, PLC
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Attorney Docket No.: 123598

CUSTOMER NUMBER 25944

AMENDMENT TRANSMITTAL

In re the Application of

Kusuki NISHIOKA

Group Art Unit: 1648

Application No.: 10/532,792

Examiner: A. SALIMI

Filed: April 25, 2005

For: **THERAPEUTIC AGENT FOR FIBROMYALGIA**

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Entitlement to small entity status is hereby asserted.
 Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY										
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA											
TOTAL CLAIMS	*22 MINUS	**20	=2											
INDEP CLAIMS	*3 MINUS	***3	=0											
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM														
				OR										
				<table border="1"> <tr> <th>RATE</th><th>ADD'L FEE</th></tr> <tr> <td>x 25</td><td>\$</td></tr> <tr> <td>x 100</td><td>\$</td></tr> <tr> <td>+ 180</td><td>\$</td></tr> <tr> <td></td><td>\$</td></tr> </table>	RATE	ADD'L FEE	x 25	\$	x 100	\$	+ 180	\$		\$
RATE	ADD'L FEE													
x 25	\$													
x 100	\$													
+ 180	\$													
	\$													
				OR										
				<table border="1"> <tr> <th>RATE</th><th>ADD'L FEE</th></tr> <tr> <td>x 50</td><td>\$ 100</td></tr> <tr> <td>x 200</td><td>\$</td></tr> <tr> <td>+ 360</td><td>\$</td></tr> <tr> <td></td><td>\$ 100</td></tr> </table>	RATE	ADD'L FEE	x 50	\$ 100	x 200	\$	+ 360	\$		\$ 100
RATE	ADD'L FEE													
x 50	\$ 100													
x 200	\$													
+ 360	\$													
	\$ 100													

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Check No. 179428 in the amount of \$100.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff
 Registration No. 27,075

Julie M. Lake
 Registration No. 51,156

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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Kusuki NISHIOKA

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For: THERAPEUTIC AGENT FOR FIBROMYALGIA

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In reply to the February 2, 2006, Office Action, please consider the following:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.